201312A DOM13

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: [X] IXC [] CLEC [] ILEC [] Wireless 242542

| | ITPE: | | | 249247 | |
|-------------------|---|---|---|--------------------|--|
| | | CERTIFICATED COMPA | NY INFORMATION | | |
| Compai | ny Name | lidated Billing C | FEIN/SSIN 248-625-3245 Telephone # | | |
| Oba/fka | | _ | releptione # | | |
| | N Michigan 4th F N Address | 1 | | | |
| Kalaı City, St | mazoo MI 49007 ate, Zip Code | | | | |
| 20 V Busine | V Washington St. | Suite 6A | | | |
| | rkston, MI 48346 | 5 _ | Oakland | | |
| | tate, Zip Code | | County | | |
| | | REGISTERED AGEN | IT INFORMATION | | |
| Dogist | ered Agent: <u>B Allsto</u> | | | | |
| Regist | ered Agent. D ATTBOOM | 11:0010 01 | | | |
| Mailing | Address: 5 Exchang | e St | | | |
| 0'' 5 | u . Ziz Cada, Charale | acton SC 29401 | | | |
| | tate, Zip Code: Charle | | | | |
| | Pursuant to the Commission | on's rules and regulations, p | rint or type company contact for th | e following areas: | |
| - | | | | | |
| A. | Jan Lowe, Pr | address if different than above.) | | | |
| | | 1 248-625-4337 | / acopeman@ldcb.com | | |
| | Telephone Number | Facsimile Number | E-IIIaii Address | | |
| В. | April Copema | n, Administrative plaints Representative (Include | Manager address if different than above.) | | |
| | 248 - 625 - 3245 | 248-625-4337 | / acopeman@ldcb.com | | |
| | Telephone Number | Facsimile Number | E-mail Address | | |
| | | n AdministratiVE | - Manager | | |
| C1. | April Copeman, Administrative Manager Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.) | | | | |
| | 248-625-3245 | | 7 / acopeman@ldcb.com_ | | |
| | Telephone Number | Facsimile Number | E-mail Address | | |
| C2. | 888-849 - 9773 | | | <u> </u> | |
| . | Customer Contact (Toll F | ree Number) | | | |
| D. | | (I alied add-one if different than a | ahove) | Ay | |
| | Engineering Operations | (Include address if different than a | / | - 19 Mp | |
| | Telephone Number | Facsimile Number | E-mail Address | | |
| E. | | | | | |
| | Test and Repair (Include | address if different than above.) | | | |
| | | / Facsimile Number | / E-mail Address | | |
| | Telephone Number | Facsimile Number | <u> </u> | Page 1 of | |

| Emergencies (During | non-office hours) | | | | | |
|--|--|--|---------------------------------------|--|--|--|
| Talanhana Muudhaa | / | 1 | | | | |
| Telephone Number | Facsimile Number | E-mail Address | | | | |
| lition, please provide the | ollowing company contact inform | nation to assist in proper routing of correspo | ondence and invoices: | | | |
| Patrick D (| rocker | | | | | |
| | (Include address if different than abo | ove.) | | | | |
| 269-381-888 | 8 / 269-381-485! | 5 / contact@nationwidereg | ulatorv | | | |
| Telephone Number | Facsimile Number | E-mail Address compliance | | | | |
| _April Copem | an | | 0.00 | | | |
| Dual Party Mailings (| Dual Party Mailings (Name) | | | | | |
| | 20 W Washington St. Ste 6A, Clarkston MI 48346 | | | | | |
| Mailing Address 248-625-32 | 45 / 248-625-433 | 7 / acopeman@ldcb.com | | | | |
| Telephone Number | Facsimile Number | E-mail Address | | | | |
| Patrick D C | | | | | | |
| Interim LEC Fund Mail | | | | | | |
| | gan 4th Fl, Kalama | zoo MI 49007 | | | | |
| Mailing Address | | | | | | |
| 269-381-8888 Telephone Number | / 269-381-4855 Facsimile Number | /contact@nationwiderequ | ılatory | | | |
| • | | E-mail Address compliance | ce.com | | | |
| Patrick D Crocker Universal Service Fund Mailings (Name) | | | | | | |
| 107 W Michigan 4th Fl, Kalamazoo MI 49007 | | | | | | |
| Mailing Address | Mailing Address | | | | | |
| 269-381-8888 | / 269-381-4855 | /contact@nationwideregula | atorycompliance | | | |
| Telephone Number | Facsimile Number | E-mail Address | | | | |
| | Patrick D Crocker Gross Receipts Mailings (Name) | | | | | |
| • | | | | | | |
| Mailing Address | 107 W Michigan 4th Fl, Kalamazoo MI 49007 Mailing Address | | | | | |
| 269-381-8888 | / 269-381-4855 | /contact@nationwideregula | torycompliance | | | |
| Telephone Number | Facsimile Number | E-mail Address | | | | |
| Lifeline Mailings (Nar | 200 | | · · · · · · · · · · · · · · · · · · · | | | |
| Literine manings (Na: | 16) | | | | | |
| Mailing Address | | | | | | |
| | | 1 | | | | |
| Telephone Number | Facsimile Number | E-mail Address | | | | |
| | | | er t | | | |
| Patrick D Cr | | | | | | |
| This form was complete President, N | a by (print name) ationwide | Signature | | | | |
| Regulatory C | ompliance, LLC | 3/22/13 | | | | |
| | Title | Date | | | | |
| RETURN COMPLETED | FORM TO: | | | | | |
| Public Serv | ice Commission of SC | Office of Regulatory Staff | | | | |
| Clerk's Off | ice | Attn: Jeanne Gordon | | | | |
| | Drawer 11649 | 1401 Main Street, Suite 900 | | | | |
| Columbia, S | South Carolina 29211 | Columbia, South Carolina 29201 | (Rev. PSC 11/2010) | | | |